

RECEIVED 79977  
SOUTHBOROUGH TOWN CLERK



0000602717

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File # 2021 061357  
FEB 10 P 4: 22  
OCME CASE # 2021-17185

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>WHITMAN , PAUL BRADELY</b>		
	Place of Death <b>367 TURNPIKE ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>DECEMBER 08, 2021</b>	Date of Birth <b>AUGUST 08, 1965</b>	Sex <b>MALE</b>
	Residence <b>71 SEARS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) —		
	Rank/organization/outfit(most recent) —		
	Date entered(most recent) —	Date Discharged (most recent) —	Service Number(most recent) —
	Certifier <b>RICHARD J. EVANS, MD</b> Lic # <b>58622</b>		
CERTIFIER	Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b>		
	Immediate Cause of Death <b>HANGING</b>		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>	
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>	
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>DECEMBER 23, 2021</b>
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>	

**Endorsements**

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>061357</b>	Local Permit # <b>E-PERMIT</b>
	Date <b>DECEMBER 23, 2021</b>	Date —
		Name of Agent —

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)  <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>	Signature  <b>John H. Cobill</b> X
	Disposition Type <b>Cremation</b>	Date of Disposition <b>DEC 23 2021</b>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2022 004649

FEB 10 P 4: 22

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>DRACHMAN , JOHN COWAN</b>	
	Place of Death <b>178 WOODLAND ROAD, SOUTHBOROUGH, MA</b>	
	Date of Death <b>JANUARY 20, 2022</b>	Date of Birth <b>JULY 03, 1948</b> Sex <b>MALE</b>
	Residence <b>178 WOODLAND ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>	
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>	
	Branch of military (most recent) —	Rank/organization/outfit(most recent) —
	Date entered(most recent) —	Date Discharged (most recent) Service Number(most recent) —
	Certifier <b>MICHAEL S LEVIN, MD</b> Lic # <b>42133</b>	
DISPOSITION	Addr. <b>2000 WASHINGTON STREET, NEWTON, MASSACHUSETTS 02462</b>	
	Immediate Cause of Death <b>CARDIOPULMONARY ARREST</b>	
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:	
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>	
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>	
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>JANUARY 25, 2022</b>
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>	
Endorsements		
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>004649</b>	Local Permit # <b>E-PERMIT</b>
	Date <b>JANUARY 25, 2022</b>	Date — Name of Agent —
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>	Signature <b>X John H. Cobill</b>
	Disposition Type <b>Cremation</b>	Date of Disposition <b>FEB 01 2022</b> Name of Superintendent or Authorized Designee: <b>John H Cobill</b>

**Acceptance of Permit**

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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SOUTHBOROUGH TOWN CLERK

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2022 FEB 10 P 4: 22



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Form R-309 07012014

Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2022 000388

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>BRADSTREET , BERNARD F</b>		
	Place of Death <b>51 RICHARDS ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JANUARY 02, 2022</b>	Date of Birth <b>FEBRUARY 17, 1945</b>	Sex <b>MALE</b>
	Residence <b>51 RICHARDS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>VIETNAM</b>		
	Branch of military (most recent) <b>MARINE CORPS</b>		Rank/organization/outfit (most recent) <b>CAPT</b>
	Date entered (most recent) <b>JUNE 14, 1967</b>	Date Discharged (most recent) <b>JANUARY 03, 1971</b>	Service Number (most recent) <b>0102662</b>
	Certifier <b>CHRISTOPHER FANTA, MD</b> Addr. <b>15 FRANCIS STREET, BOSTON, MASSACHUSETTS 02115</b> Immediate Cause of Death <b>RESPIRATORY FAILURE</b>		
DISPOSITION	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/Designee <b>NANCY G MORRIS</b>		Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b> Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b> Date of Disposition <b>JANUARY 08, 2022</b>		
PERMIT	Endorsements		
	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>000388</b>	Local Permit # <b>000388</b>	
	Date <b>JANUARY 05, 2022</b>	Date <b>JANUARY 06, 2022</b> Name of Agent <b>JAMES F. HEGARTY</b>	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		Signature <b>John H. Cobill</b> X
	Disposition Type <b>Cremation</b>	Date of Disposition <b>JAN 14 2022</b>	Name of Superintendent or Authorized Designer <b>John H Cobill</b>

## Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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Form R-309 07012014

Commonwealth of Massachusetts  
Registry of Vital Records and StatisticsDISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT

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SOUTHBOROUGH TOWN CLERK

State File # 2022 004699

2022 FEB 10 P 4: 22

OCME CASE # 2022-1317

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	MAIORANA , JOSEPH P		
	Place of Death	12 PARKERVILLE ROAD, SOUTHBOROUGH, MA		
	Date of Death	JANUARY 22, 2022	Date of Birth	JANUARY 31, 1986
			Sex	MALE
	Residence	12 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	—		—	
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	—	—	—	
CERTIFIER	Certifier	RICHARD J. EVANS, MD		Lic # 58622
	Addr.	55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655		
	Immediate Cause of Death	PENDING		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition JANUARY 26, 2022
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 004699	Local Permit # E-PERMIT
	Date JANUARY 26, 2022	Date —
		Name of Agent —

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature
	Rural Cemetery 180 Grove Street Worcester, MA 01605	X
	Disposition Type Cremation	Date of Disposition JAN 31 2022
	Name of Superintendent or Authorized Designee: John H Cobill	

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

RECEIVED  
SOUTHBOROUGH TOWN CLERK

State File # **2021 060285**  
OCME CASE # 2021-17559

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	WEEKS , DAVID C		
	Place of Death	16 FISHER ROAD, SOUTHBOROUGH, MA		
	Date of Death	DECEMBER 15, 2021	Date of Birth	JUNE 21, 1936
	Sex	MALE		
	Residence	16 FISHER ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>PEACETIME</b>			
	Branch of military (most recent) <b>NAVY</b>		Rank/organization/outfit (most recent) —	
	Date entered (most recent) —	Date Discharged (most recent) —	Service Number (most recent) —	
	Certifier <b>CHRISTOPHER PERRY, MD</b>		Lic # <b>274670</b>	
	Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b>			
Immediate Cause of Death <b>PENDING</b>				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # <b>50277</b>
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition <b>DECEMBER 22, 2021</b>
	Place/Address	RURAL CEMETRY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>060285</b>	Local Permit # <b>E-PERMIT</b>
	Date <b>DECEMBER 17, 2021</b>	Date — Name of Agent —

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <i>RURAL CEMETRY, 11 CORDAVILLE RD, SOUTHBOROUGH, MA SEC. M, LOT 390</i>		Signature <i>X [Signature]</i>
	Disposition Type <i>Full Burial</i>	Date of Disposition <i>Dec. 22, 2021</i>	Name of Superintendent or Authorized Designee: <i>[Signature]</i>

Acceptance of Permit

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Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

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State File #

2021 058250

2022 JAN -3 P 3:04

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	THIAGARAJAH , JAYANTHY ---		
	Place of Death	140 MAIN STREET, SOUTHBOROUGH, MA		
	Date of Death	DECEMBER 03, 2021	Date of Birth	MARCH 08, 1948
	Sex	FEMALE		
	Residence	14 MAYFLOWER ROAD, FRAMINGHAM, MASSACHUSETTS 01701		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
CERTIFIER	Branch of military (most recent)	---		
	Rank/organization/outfit (most recent)	---		
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)	
	---	---	---	
CERTIFIER	Certifier	ASHRAF ELKERM, MD		
	Addr.	370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453		
	Immediate Cause of Death	AMYOTROPHIC LATERAL SCLEROSIS		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	ALEXANDER I. ACHER	Lic # 51090
	Facility	TIGHE-HAMILTON FUNERAL HOME, INC., HUDSON, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH
	State Tracking #	058250	Local Permit #
	Date	DECEMBER 08, 2021	Date
			Name of Agent

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature
	Rural Cemetery 180 Grove Street Worcester, MA 01605	X
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
CREMATION	DEC 09 2021	John H Cobill



## Acceptance of Permit

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SOUTHBOROUGH TOWN CLERK

 0000576107 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		2021 OCT -4 P 3:28:45	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>MURPHY, CAROL H</b>				
	Place of Death <b>42 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>AUGUST 19, 2021</b>		Date of Birth <b>SEPTEMBER 15, 1930</b>		Sex <b>FEMALE</b>
	Residence <b>42 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier <b>CHARLES ROSENBAUM, MD</b> Lic # <b>36848</b>				
	Addr. <b>120 THOMAS STREET, WORCESTER, MASSACHUSETTS 01608</b>				
	Immediate Cause of Death <b>PROTEIN-CALORIE MALNUTRITION</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>DOUGLAS L TERSONI</b> Lic # <b>50904</b>				
	Facility <b>NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>AUGUST 25, 2021</b>		
	Place/Address <b>NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459</b>				
<b>Endorsements</b>					
PERMIT	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health Agent for: SOUTHBOROUGH</b>		
	State Tracking # <b>039845</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>AUGUST 25, 2021</b>		Date _____ Name of Agent _____		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <b>Newton Crematory Newton, MA</b>		Signature X		
	Disposition Type <b>cremation</b>	Date of Disposition <b>8-26-2021</b>	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

*I HEREBY CERTIFY THAT THE REMAINS WERE DISPOSED OF IN ACCORDANCE WITH ITS TERMS AT THE PLACE AND DATE BELOW:*

*RURAL CEMETERY  
11 CORDAVILLE RD SOUTHBOROUGH, MA  
SEC 2 ENV & LHA (CREMATED REMAINS)  
ON SEPT. 15, 2021*

*Bridget A. Gilleen*

2021 OCT -4 P 3:12

77691

 0000546087 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # 2021 017245	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>HUBLEY , LINDA CATHLEEN</b>				
	Place of Death <b>210 SOUTHVILLE ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>APRIL 01, 2021</b>		Date of Birth <b>OCTOBER 29, 1952</b>		Sex <b>FEMALE</b>
	Residence <b>210 SOUTHVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
	Branch of military (most recent) —		Rank/organization/outfit(most recent) —		
	Date entered(most recent) —		Date Discharged (most recent) —		Service Number(most recent) —
	Certifier <b>ASHRAF ELKERM, MD</b> Lic # <b>81917</b> Addr. <b>370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453</b> Immediate Cause of Death <b>MALIGNANT NEOPLASM OF THE BRAIN</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>APRIL 07, 2021</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>017245</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>APRIL 04, 2021</b>		Date — Name of Agent —		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDVILLE RD SOUTHBOROUGH MA Sec 2, GV # 2594</b>		Signature X 		
	Disposition Type <b>BURIAL</b> <b>OF CREMATED REMAINS</b>	Date of Disposition <b>SEPT 18, 2021</b>	Name of Superintendent or Authorized Designee: <b>BRIDGET A GILLEY</b>		

#### Acceptance of Permit


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RECEIVED  
SOUTHBOROUGH TOWN CLERK

79024

 0000583622 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		2021 SEP 21 P 3:13 State File # 2021 044086	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>HOUSTON, RICHARD F</b>				
	Place of Death <b>16 VALLEY ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>SEPTEMBER 17, 2021</b>		Date of Birth <b>MAY 01, 1935</b>		Sex <b>MALE</b>
	Residence <b>16 VALLEY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier <b>DOUGLAS GRONDA, MD</b> Lic # <b>214551</b>				
	Addr. <b>429 WASHINGTON STREET, HOLLISTON, MASSACHUSETTS 01746</b>				
DISPOSITION	Immediate Cause of Death <b>MYOCARDIAL INFARCTION</b>				
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
PERMIT	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEPTEMBER 21, 2021</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
	Endorsements				
	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
CONFIRMATION	State Tracking # <b>044086</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>SEPTEMBER 20, 2021</b>		Date _____		
	Name of Agent _____		Name of Agent _____		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
CONFIRMATION	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		Signature <b>John H. Cobill</b> X		
	Disposition Type <b>Cremation</b>		Date of Disposition <b>SEP 22 2021</b>		Name of Superintendent or Authorized Designee: <b>John H Cobill</b>

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

16338



0000508904

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

RECEIVED  
SOUTHBOROUGH TOWN CLERK  
2020 SEP 24 A 9 46  
OCME CASE # 2020-15431

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>GATHOGO , LEAH WANGECHI</b>		
	Place of Death <b>SUDBURY RESERVOIR, SOUTHBOROUGH, MA</b>		
	Date of Death <b>NOVEMBER 09, 2020</b>	Date of Birth <b>MARCH 09, 1974</b>	Sex <b>FEMALE</b>
	Residence <b>54 LEIGH STREET, FRAMINGHAM, MASSACHUSETTS 01701</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
CERTIFIER	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier <b>ROBERT M. WELTON, MD</b>		Lic # <b>256257</b>
	Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b>		
	Immediate Cause of Death <b>PENDING</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee <b>JOHN A. MATARESE, JR</b>		Lic # <b>6664</b>
	Facility. <b>MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>NOVEMBER 16, 2020</b>
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>059002</b>	Local Permit # <b>E-PERMIT</b>	
	Date <b>NOVEMBER 16, 2020</b>	Date --- Name of Agent ---	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>EDGELL GROVE CEMETERY 53 GROVE ST FRAMINGHAM, MA 01701</b>		Signature X
	Disposition Type <b>Cremation</b>	Date of Disposition <b>11/18/2020</b>	Name of Superintendent or Authorized Designee: <b>Rob Ford</b>

#### Acceptance of Permit

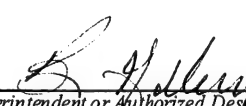
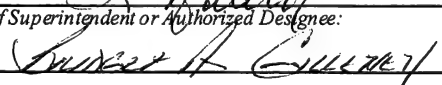
Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

22130

RECEIVED  
SOUTHBOROUGH TOWN CLERK

 0000566900 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		2021 SEP - 7 P 1:48 State File # 2021 032702	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEASED	Decedent Name <b>MARGARITIS , CHARLES ---</b> Place of Death <b>30 E MAIN STREET, SOUTHBOROUGH, MA</b> Date of Death <b>JULY 07, 2021</b> Date of Birth <b>NOVEMBER 01, 1940</b> Sex <b>MALE</b> Residence <b>9 SUMMER STREET, KENNEBUNK, MAINE 04043</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
	Branch of military (most recent) Rank/organization/outfit(most recent) ---				
	Date entered(most recent) Date Discharged (most recent) Service Number(most recent) ---				
	Certifier <b>WILLIAM MAHER, MD</b> Lic # <b>78946</b> Addr. <b>2000 WASHINGTON STREET, 546, NEWTON, MASSACHUSETTS 02462</b> Immediate Cause of Death <b>METASTATIC LUNG CANCER</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>PHILLIP R. SHORT</b> Lic # <b>50881</b> Facility <b>SHORT &amp; ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>JULY 13, 2021</b> Place/Address <b>ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603</b>				
	<b>Endorsements</b>				
	Registry of Vital Records and Statistics State Tracking # <b>032702</b> Date <b>JULY 12, 2021</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date --- Name of Agent ---		
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
CONFIRMATION	Place of Disposition (Facility Name and Address) <b>FAITHS CEMETERY</b> <b>11 CROFTVILLE RD SOUTHBOROUGH, MA</b> <b>BOX 7, LOT 82A, 04043</b>		Signature X 		
	Disposition Type <b>BURIAL</b> <b>OF CREMATED REMAINS</b>	Date of Disposition <b>AUGUST 23, 2021</b>	Name of Superintendent or Authorized Designee: 		


**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

RECEIVED  
SOUTHBOROUGH TOWN CLERK

 0000576107 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2021 SEP -3 AM 15</b> 2021 039845	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>MURPHY, CAROL H</b>				
	Place of Death <b>42 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>AUGUST 19, 2021</b>		Date of Birth <b>SEPTEMBER 15, 1930</b>		Sex <b>FEMALE</b>
	Residence <b>42 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
	Branch of military (most recent) ---		Rank/organization/outfit (most recent) ---		
	Date entered (most recent) ---		Date Discharged (most recent) ---		Service Number (most recent) ---
CERTIFIER	Certifier <b>CHARLES ROSENBAUM, MD</b>				Lic # <b>36848</b>
	Addr. <b>120 THOMAS STREET, WORCESTER, MASSACHUSETTS 01608</b>				
CERTIFIER	Immediate Cause of Death <b>PROTEIN-CALORIE MALNUTRITION</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/Designee <b>DOUGLAS L TERSONI</b>				Lic # <b>50904</b>
	Facility <b>NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>AUGUST 25, 2021</b>		
	Place/Address <b>NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>039845</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>AUGUST 25, 2021</b>		Date --- Name of Agent ---		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <b>Newton Crematory Newton, MA</b>		Signature X <b>Mary Ann Bunas</b>		
	Disposition Type <b>cremation</b>	Date of Disposition <b>8-26-2021</b>	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

22130

RECEIVED

SOUTHBOROUGH TOWN CLERK



0000566900

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File # 2021 032702  
2021 AUG 23 P 1:45

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>MARGARITIS , CHARLES</b> —		
	Place of Death <b>30 E MAIN STREET, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JULY 07, 2021</b>	Date of Birth <b>NOVEMBER 01, 1940</b>	Sex <b>MALE</b>
	Residence <b>9 SUMMER STREET, KENNEBUNK, MAINE 04043</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
CERTIFIER	Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____		
	Certifier <b>WILLIAM MAHER, MD</b> Lic # <b>78946</b>		
	Addr. <b>2000 WASHINGTON STREET, 546, NEWTON, MASSACHUSETTS 02462</b>		
DISPOSITION	Immediate Cause of Death <b>METASTATIC LUNG CANCER</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/Designee <b>PHILLIP R. SHORT</b> Lic # <b>50881</b>		
	Facility. <b>SHORT &amp; ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b>		
PERMIT	Disposition Type <b>CREMATION</b> Date of Disposition <b>JULY 13, 2021</b>		
	Place/Address <b>ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603</b>		
	Endorsements		
	Registry of Vital Records and Statistics Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
CONFIRMATION	State Tracking # <b>032702</b> Local Permit # <b>E-PERMIT</b>		
	Date <b>JULY 12, 2021</b> Date _____		
	Name of Agent _____		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
CONFIRMATION	Place of Disposition (Facility Name and Address) <b>All Faiths Crematory, Worcester</b>		
	Signature <b>X</b>		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>7/13/2021</b>	
Name of Superintendent or Authorized Designee: <b>Paul A. Druin</b>			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000569218 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>	State File # <b>2021 034184</b>
<b>Information necessary for the Certificate of Death has been completed for:</b>			
<b>DECEDENT</b>	Decedent Name <b>JONES , JOHN CERIST</b>		
	Place of Death <b>5 BANTRY ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JULY 18, 2021</b>	Date of Birth <b>MAY 03, 1933</b>	Sex <b>MALE</b>
	Residence <b>5 BANTRY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
<b>CERTIFIER</b>	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____		
	Certifier <b>JASON M. KONTER, MD</b> Lic # <b>228055</b>		
	Addr. <b>115 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702</b>		
	Immediate Cause of Death <b>ACUTE FLAIR OF INTERSTITIAL LUNG DISEASE</b>		
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>			
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>JEFF T. KOOPMAN</b> Lic # <b>6468</b>		
	Facility. <b>HAYS FUNERAL HOME, INC., NORTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>BURIAL</b> Date of Disposition <b>JULY 22, 2021</b>		
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<b>Endorsements</b>			
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>
	State Tracking # <b>034184</b>		Local Permit # <b>E-PERMIT</b>
	Date <b>JULY 20, 2021</b>		Date _____ Name of Agent _____
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>		
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDAVILLE RD SOUTHBOROUGH, MA SEC L, CH# 119</b>		Signature X 
	Disposition Type <b>FULL EARTH BURIAL</b>	Date of Disposition <b>JULY 22, 2021</b>	Name of Superintendent or Authorized Designee: <b>BRIDGET R. SULLIVAN</b>


### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

RECEIVED  
SOUTHBOROUGH TOWN CLERK  
2021 AUG 16 P 4:33

 0000562551 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>	RECEIVED SOUTHBOROUGH TOWN CLERK State File # 2021 029420 <b>2021 JUL -7 A 8:05</b>
<b>Information necessary for the Certificate of Death has been completed for:</b>			
<b>DECEDENT</b>	Decedent Name <b>AHUJA , OM PARKASH</b> Place of Death <b>8 STOCKWELL LANE, SOUTHBOROUGH, MA</b> Date of Death <b>JUNE 17, 2021</b> Date of Birth <b>OCTOBER 12, 1941</b> Sex <b>MALE</b> Residence <b>61-B DDA FLATS (MIG) RAJOURI GARDEN, DELHI, INDIA 110027</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____		
	Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____		
	Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____		
<b>CERTIFIER</b>	Certifier <b>ROBERT I. COHEN, MD</b> Lic # <b>56855</b> Addr. <b>10 LAUREL STREET, NEWTON, MASSACHUSETTS 02459</b>		
	Immediate Cause of Death <b>PANCREATIC CANCER</b>		
	_____		
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>			
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>WILLIAM L. LAWLER</b> Lic # <b>6262</b> Facility. <b>LAWLER &amp; CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>JUNE 19, 2021</b> Place/Address <b>SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131</b>		
	_____		
	_____		
	_____		
<b>Endorsements</b>			
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>
	State Tracking # <b>029420</b> Date <b>JUNE 18, 2021</b>	Local Permit # <b>E-PERMIT</b> Date _____ Name of Agent _____	
	_____		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>		
	Place of Disposition (Facility Name and Address) St. Michael Crematory 500 Canterbury Street Boston, MA 02131		Signature 
	Disposition Type <b>Cremation</b>	Date of Disposition <b>6/19/2021</b>	Name of Superintendent or Authorized Designee: <b>Michael D. Sheehan, G.M.</b>



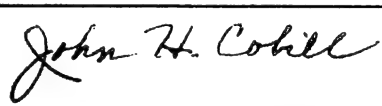
#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

77804

 0000549857 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # 2021 019816	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>STAMPER , WALTON BENNETT</b>				
	Place of Death <b>68 CHARLES COURT, SOUTHBOROUGH, MA</b>				
	Date of Death <b>APRIL 19, 2021</b>		Date of Birth <b>JANUARY 03, 1936</b>		Sex <b>MALE</b>
	Residence <b>68 CHARLES COURT, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>VIETNAM</b>				
DECEDENT	Branch of military (most recent) <b>ARMY</b>		Rank/organization/outfit(most recent) <b>LTC, O-5</b>		
	Date entered(most recent) <b>OCTOBER 15, 1958</b>		Date Discharged (most recent) <b>OCTOBER 31, 1978</b>		Service Number(most recent) <b>241461887</b>
	Certifier <b>JENNIFER H. LEE, MD</b> Lic # <b>215914</b>				
	Addr. <b>850 BOYLSTON STREET, SUITE 530, BOSTON, MASSACHUSETTS 02467</b>				
	Immediate Cause of Death <b>SQUAMOUS CELL CARCINOMA, METASTATIC</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>JOHN A. MATARESE, JR</b> Lic # <b>6664</b>				
	Facility. <b>MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>APRIL 21, 2021</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>019816</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>APRIL 20, 2021</b>		Date --- Name of Agent ---		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>			Signature  X	
	Disposition Type <b>Cremation</b>	Date of Disposition <b>APR 21 2021</b>		Name of Superintendent or Authorized Designee: <b>John H Cobill</b>	

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

77691

 0000546087 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL  OR TRANSPORTATION  PERMIT</b>		State File # <b>2021 017245</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>HUBLEY , LINDA CATHLEEN</b>				
	Place of Death <b>210 SOUTHVILLE ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>APRIL 01, 2021</b>		Date of Birth <b>OCTOBER 29, 1952</b>		Sex <b>FEMALE</b>
	Residence <b>210 SOUTHVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
	Branch of military (most recent) —		Rank/organization/outfit (most recent) —		
	Date entered (most recent) —		Date Discharged (most recent) —		Service Number (most recent) —
	Certifier <b>ASHRAF ELKERM, MD</b> Lic # <b>81917</b> Addr. <b>370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453</b> Immediate Cause of Death <b>MALIGNANT NEOPLASM OF THE BRAIN</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>APRIL 07, 2021</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>017245</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>APRIL 04, 2021</b>		Date — Name of Agent —		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery  180 Grove Street  Worcester, MA 01605</b>		Signature X 		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>APR 08 2021</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>		



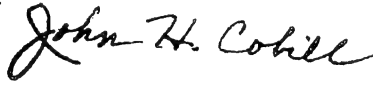
#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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 0000544430 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2021 016076</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>MCDONALD , SHANNON H</b>				
	Place of Death <b>9 HICKORY ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>MARCH 26, 2021</b>		Date of Birth <b>AUGUST 30, 1965</b>		Sex <b>FEMALE</b>
	Residence <b>9 HICKORY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier <b>DEBORAH SCHRAG, MD</b>				Lic # <b>77651</b>
	Addr. <b>450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215</b> Immediate Cause of Death <b>APPENDICEAL CANCER</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>DAVID A PICKERING</b>				Lic # <b>6170</b>
	Facility <b>WESTBORO FUNERAL HOME, INC, WESTBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>MARCH 26, 2021</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>016076</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>MARCH 26, 2021</b>		Date _____ Name of Agent _____		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		Signature X 		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>MAR 30 2021</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000543423		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2021 015100</b>	
Form R-309 07012014					
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>URBAN , JAMES K</b>				
	Place of Death <b>14 LEONARD DRIVE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>MARCH 21, 2021</b>		Date of Birth <b>APRIL 18, 1942</b>		Sex <b>MALE</b>
	Residence <b>14 LEONARD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>VIETNAM</b> Branch of military (most recent) <b>ARMY</b> Rank/organization/outfit (most recent) <b>---</b> Date entered (most recent) <b>---</b> Date Discharged (most recent) <b>---</b> Service Number (most recent) <b>---</b>				
CERTIFIER	Certifier <b>FRANK CHAU, MD</b> Lic # <b>203693</b>				
	Addr. <b>24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	Immediate Cause of Death <b>CONGESTIVE HEART FAILURE</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>MARCH 24, 2021</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>015100</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>MARCH 22, 2021</b>		Date <b>---</b>		
			Name of Agent <b>---</b>		
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
CONFIRMATION	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY, 180 GROVE STREET, SOUTHBOROUGH, MA 01772</b>		Signature 		
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>MARCH 25, 2021</b>		Name of Superintendent or Authorized Designee: <b>BRIDGET D. GILLEN</b>

### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

77564


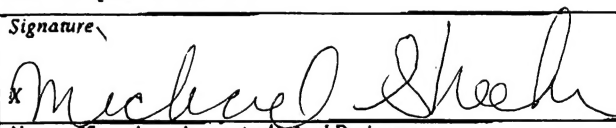
				Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2021 015100</b>	
0000543423 Form R-309 07012014							
<b>Information necessary for the Certificate of Death has been completed for:</b>							
DECEASED	Decedent Name <b>URBAN , JAMES K</b>						
	Place of Death <b>14 LEONARD DRIVE, SOUTHBOROUGH, MA</b>						
	Date of Death <b>MARCH 21, 2021</b>			Date of Birth <b>APRIL 18, 1942</b>		Sex <b>MALE</b>	
	Residence <b>14 LEONARD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>						
	If U.S. veteran, specify war/conflict(s) (most recent) <b>VIETNAM</b>						
CERTIFIER	Branch of military (most recent) <b>ARMY</b>						
	Rank/organization/outfit (most recent) <b>---</b>						
	Date entered (most recent) <b>---</b>		Date Discharged (most recent) <b>---</b>		Service Number (most recent) <b>---</b>		
	Certifier <b>FRANK CHAU, MD</b>						
DISPOSITION	Addr. <b>24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>						
	Immediate Cause of Death <b>CONGESTIVE HEART FAILURE</b>						
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
PERMIT	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>						
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>						
	Disposition Type <b>CREMATION</b>						
	Date of Disposition <b>MARCH 24, 2021</b>						
CONFIRMATION	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>						
	Endorsements						
	Registry of Vital Records and Statistics			Board of Health/Agent for: <b>SOUTHBOROUGH</b>			
	State Tracking # <b>015100</b>			Local Permit # <b>E-PERMIT</b>			
PERMIT	Date <b>MARCH 22, 2021</b>			Date <b>---</b>			
	Name of Agent <b>---</b>			Name of Agent <b>---</b>			
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery          180 Grove Street          Worcester, MA 01605</b>			Signature 			
CONFIRMATION	Disposition Type <b>Cremation</b>			Date of Disposition <b>MAR 23 2021</b>		Name of Superintendent or Authorized Designee: <b>John H Cobill</b>	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000334603 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2021 009440</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>MURTONIEMI, SAULI ANTERO</b>				
	Place of Death <b>13 PLEASANT STREET, SOUTHBOROUGH, MA</b>				
	Date of Death <b>FEBRUARY 15, 2021</b>		Date of Birth <b>FEBRUARY 17, 1951</b>		Sex <b>MALE</b>
	Residence <b>13 PLEASANT STREET, SOUTHBOROUGH, MASSACHUSETTS 01745</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier <b>MICHAEL S. NEGRON, DO</b> Lic # <b>260794</b> Addr. <b>20 MALL ROAD, SUITE 450, BURLINGTON, MASSACHUSETTS 01803</b>				
	Immediate Cause of Death <b>EMPHYSEMA</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee <b>VICTORBUONFIGLIO</b> Lic # <b>50397</b>				
	Facility <b>BOSTON CREMATION, MALDEN, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>FEBRUARY 18, 2021</b>		
	Place/Address <b>SANT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>009440</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>FEBRUARY 18, 2021</b>		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>St. Michael Crematory          500 Canterbury Street          Boston, MA 02131</b>		Signature 		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>2/19/2021</b>	Name of Superintendent or Authorized Designee: <b>Michael D. Sheehan, G.M.</b>		

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

77104

 0000528512 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2021 005087</b> OCME CASE # 2021-1441	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>WARD , JOHN JAMES</b> Place of Death <b>2 LEONARD DRIVE, SOUTHBOROUGH, MA</b> Date of Death <b>JANUARY 25, 2021</b> Date of Birth <b>APRIL 07, 1960</b> Sex <b>MALE</b> Residence <b>2 LEONARD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
	Certifier <b>IRINI A. SCORDI-BELLO, MD</b> Lic # <b>269344</b> Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b>				
	Immediate Cause of Death <b>HANGING</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b> Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>JANUARY 28, 2021</b> Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
	<b>Endorsements</b>				
	Registry of Vital Records and Statistics State Tracking # <b>005087</b> Date <b>JANUARY 28, 2021</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date _____ Name of Agent _____		
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
CONFIRMATION	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605		Signature <i>John H. Cobill</i> X		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>JAN 29 2021</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>		

#### Acceptance of Permit

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76991

 0000525714 Form R-309 0701 2014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2021 002815</b>		
<b>Information necessary for the Certificate of Death has been completed for:</b>						
DECEASED	Decedent Name <b>DAKAI, LOUIS F</b>					
	Place of Death <b>28 OREGON ROAD, SOUTHBOROUGH, MA</b>					
	Date of Death <b>JANUARY 16, 2021</b>		Date of Birth <b>MARCH 24, 1948</b>		Sex <b>MALE</b>	
	Residence <b>28 OREGON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>					
	If U.S. veteran, specify war/conflict(s) (most recent) <b>VIETNAM</b>					
CERTIFIER	Branch of military (most recent) <b>NAVY</b>					
	Rank/organization/outfit (most recent) ---					
	Date entered (most recent) ---		Date Discharged (most recent) ---		Service Number (most recent) ---	
	Certifier <b>COREY B SALTIN, DO</b>					
	Lic # <b>213237</b>					
Addr. <b>100 HOSPITAL ROAD, LEOMINSTER, MASSACHUSETTS 01453</b>						
Immediate Cause of Death <b>LUNG CARCINOMA</b>						
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>						
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b>					
	Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>					
	Disposition Type <b>CREMATION</b>					
	Date of Disposition <b>JANUARY 19, 2021</b>					
Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>						
<b>Endorsements</b>						
PERMIT	Registry of Vital Records and Statistics			Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>002815</b>			Local Permit # <b>E-PERMIT</b>		
	Date <b>JANUARY 18, 2021</b>			Date ---		
	Name of Agent ---			Name of Agent ---		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>					
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery          180 Grove Street          Worcester, MA 01605</b>			Signature <b>X John H. Cobill</b>		
	Disposition Type <b>Cremation</b>		Date of Disposition <b>JAN 20 2021</b>		Name of Superintendent or Authorized Designee: <b>John H Cobill</b>	

### Acceptance of Permit

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.